DENTAL CARE IN THE BUSH NEEDS GP UP-SKILLING

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RURAL GPs called on to perform dental care believe they need better training in this area, more support, including primary prevention community activities, and improved access to dental services, according to research published today in the Medical Journal of Australia.

Researchers from the Centre for Rural Health at the University of Tasmania in Launceston interviewed 30 rural GPs from Queensland, Tasmania and South Australia to canvass their perspectives on oral health in the bush.

Four major themes emerged from the interviews:

- Rural oral health – each month GPs saw an average of 12 patients with oral health problems, ranging from toothaches, abscesses, oral infections and dentures, and trauma.
- Managing oral health presentations – GPs prescribed antibiotics and short-term pain relief, and advised patients to see a dentist. Other treatments included dental block injections and tooth extractions. Some provided education about oral hygiene and preventive dental care.
- Barriers to patients seeing a dentist – patients would often not visit a dentist even when advised by their GP to do so, for a variety of reasons: the low priority they placed on oral health, the cost of travelling to and from the nearest dentist, the lack of a health care concession card for dental care, and the absence of a local resident dentist or regular visits by mobile dental services.
- Improving oral health – GPs suggested that additional, flexible training in dental care, the opportunity to spend time in a dental clinic, community- and school-based oral health promotions, better information about visiting dental services, and improved communication pathways with dentists would all improve their ability to provide health care in their communities.

Eighteen of the 30 GPs interviewed commented they were confident, “within their scope of practice”, about providing oral health care, advice and treatment, but some acknowledged that this was not always the case, and that they lacked training in this area.

“I start off … ‘sorry, I’m not a dentist’, and all I know is there are supposed to be 32 teeth in the mouth and that is pretty much all I know. I don’t have the training, absolutely not”, one participant noted.

“Rural oral health could be improved by a number of approaches,” the authors of the article concluded, “including building the capacity of GPs to assist people with dental health problems, strengthening community and individual engagement with oral health promotion and prevention activities, improving visiting dental services for all remote residents, regardless of whether they hold health care cards, and establishing more effective referral and communication pathways between dentists and GPs.”

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